

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

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|---|-------------------------|
| Application No. | 10/788,660 |
| Filing Date | February 26, 2004 |
| First Named Inventor | Linda G. LEE |
| Examiner Name | Jezia Riley |
| Group Art Unit | 1637 |
| Confirmation No. | 3602 |
| Total Number of Pages in this Submission: | 2 |
| Attorney Docket No. | 375461-001T2C2 (355294) |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After-Allowance Communication to TC |
| <input type="checkbox"/> Fee attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavit/Declaration(s) | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Combined Response to Restriction Requirement and Request for Extension of Time | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Combined Revocation and Power of Attorney and 37 C.F.R. §3.73(b) and 3.71 Statements and Request for Change of Attorney Docket Number |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> Change of Correspondence Address |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> Additional Enclosure(s) (specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| <input type="checkbox"/> Information Disclosure Statement | | |
| <input type="checkbox"/> Substitute PTO Form 1449 | | |
| <input type="checkbox"/> Cited References | | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | | |
| <input type="checkbox"/> Response to Missing Parts Notice/Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. § 1.52 or § 1.53 | | |

Remarks:

Please address all correspondence to Customer Number 37509

The Director is hereby authorized to charge any fees that may be required in connection with the papers submitted herewith that have been inadvertently omitted, specifically including any extension fees that may be required under 37 C.F.R. § 1.136(a), to Deposit Account No. 50-2778 (Charge No. 375461-001T2C2 (355294))

SIGNATURE OF ATTORNEY OR AGENT

| | | | |
|-----------|--|-----------|----------------|
| Signature |  | Date | March 15, 2007 |
| Name | Ann M. Caviani Pease | Reg. No. | 42,067 |
| Address | Dechert LLP, Customer Number 37509 | Telephone | 650.813.4800 |
| | | Facsimile | 650.813.4848 |